|  |   |   |                       |                               |                      |                  |          |                              | •   |            |                |                        |  |  |
|--|---|---|-----------------------|-------------------------------|----------------------|------------------|----------|------------------------------|---|------------|----------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003      |   |   |                       |                               |                      |                  |          |                              | Application or Docket Number  10. 614 - 705 |            |                |                        |  |  |
| ***  |   | CLAIMS AS                                 | FILED -<br>(Column    |                               | (Column 2)           |                  |          | SMALL ENTITY TYPE            |   | OR         | OTHER<br>SMALL | 2                      |  |  |
| ΤC   | TAL CLAIMS                                      |   | 3                     |                               |                      |                  |          | RATE                         | FEE   | ]          | RATE           | FEE                    |  |  |
| FO   | R   |   | NUMBER FILED          |                               | NUMBER EXTRA         |                  |          | BASIC F                      | 385.00                                      | OR         | BASIC FEE      | 770.00                 |  |  |
|  | TAL CHARGEA                                     | BLE CLAIMS                                | 3 min                 | us 20=                        | •                    |                  |          | XS 9=                        |   | OR         | X\$18=         |                        |  |  |
| IND  | EPENDENT CL                                     | AIMS                                      | ろ mir                 | nus 3 =                       | •                    |                  |          | X43=                         |   | OR         | X86=           |                        |  |  |
| MU   | LTIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT                |                               |                      |                  |          | +145=                        |   | OR         | +290=          |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                       |                               |                      |                  |          | TOTAL                        | _   | OR         | TOTAL          | 720                    |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column B              |   |   |                       |                               |                      |                  |          | SMALL ENTITY OR SMALL ENTITY |   |            |                |                        |  |  |
| AMENDMENTA   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE                      |            | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total 🚬   | . 10                                      | Minus                 | "                             | M                    | a                |          | X\$ 9=                       |   | OR         | X\$18=         |                        |  |  |
|  | Independent                                     | • 3                                       | Minus                 | **                            | 3_                   | ,                | L        | X43=                         |   | OR         | X86=           |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |                               |                      |                  |          |                              |   | 1          | 200            |                        |  |  |
| (  |   |   |                       |                               |                      |                  |          | +145=                        |   | OR         | TOTAL          |                        |  |  |
|  | TALGENACE                                       |   |                       |                               |                      |                  |          | ADDIT. FI                    |   | JOR        | ADDIT. FEE     |                        |  |  |
| _  | (Column 1) (Column 2) (Column 3) CUAIMS HIGHEST |   |                       |                               |                      |                  |          |                              | 1 (00)                                      | ٦.         | <del></del>    | 1 400                  |  |  |
| MENDMENT B   | T Di  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE                      |            | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total lese "                                    | •   | Minus                 | **                            |                      | =                |          | XS 9                         | .   | OR         | X\$18=         |                        |  |  |
| AME  | Independent                                     | *   | Minus                 | ***                           |                      | =                |          | X43=                         |   | OR         | X86=           |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |                               |                      |                  |          | +145:                        |   | OR         | +290=          |                        |  |  |
|  | 4:30  |   |                       |                               |                      |                  |          | TOT                          | AL  | OR         | TOTAL          |                        |  |  |
|  |   | (Column 1)                                | (Column 2) (Column 3) |                               |                      |                  | ADDIT. F | E5 L                         | _, ~. ,                                     | ADDIT. FEE | نا             |                        |  |  |
|  | 1   | (Column 1)<br>CLAIMS                      | 1                     | HIG                           | HEST                 |                  | 1        |                              | ADDI-                                       | 7          |                | ADDI-                  |  |  |
| NDMENT C   | Apple Sign                                      | REMAINING<br>AFTER<br>AMENDMENT           |                       | PREVI                         | ABER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                         | Į.  |            | RATE           | TIONAL<br>FEE          |  |  |
| NO.  | Total   | •   | Minus                 | **                            |                      | 5                | ].       | X\$ 9:                       |   | OR         | X\$18=         | Ì                      |  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

\*If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Independ.

OR

OR

X43=

+145=

X86=

+290=

TOTAL ADDIT, FEE

Independent +